Date de la consultation: .....

Nom: .....

Date de naissance: .....

Age:.....

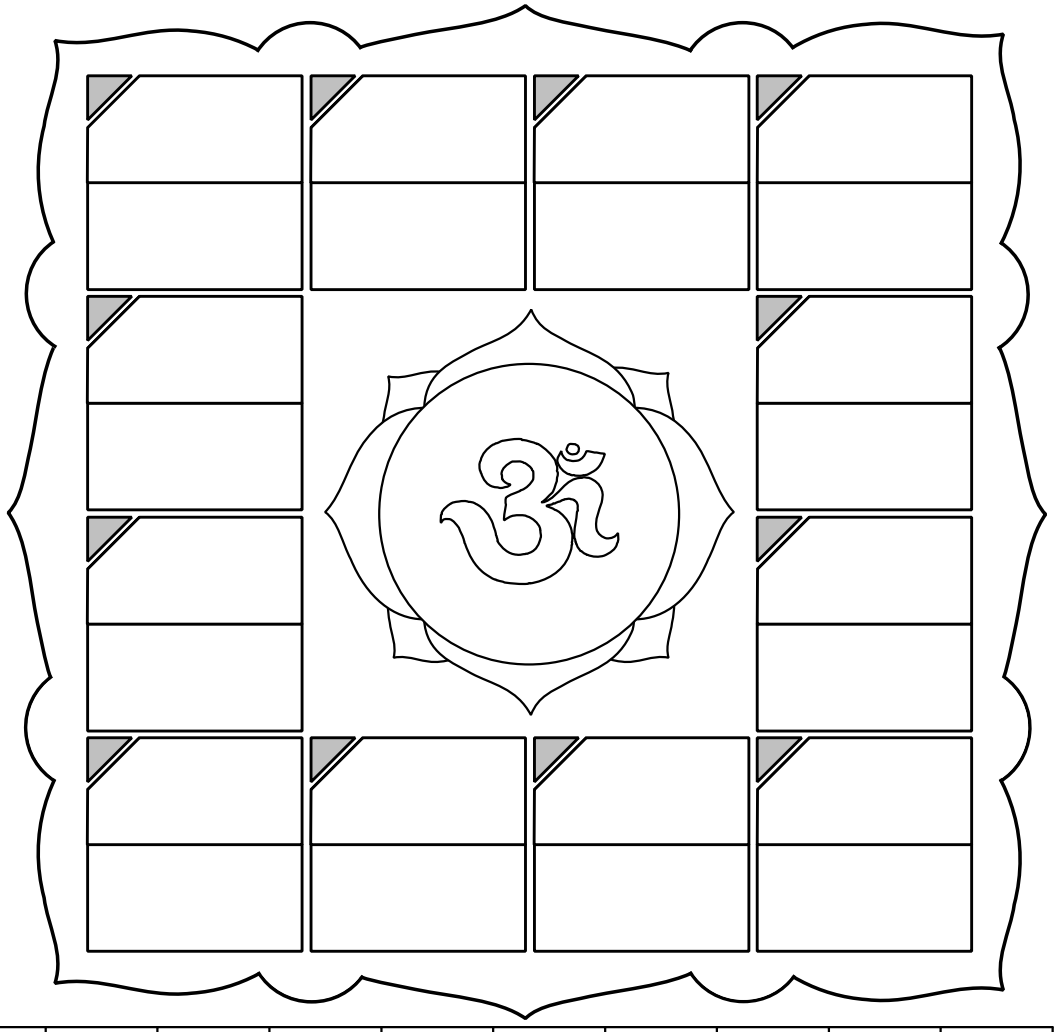
Di	Lu	Ma	Me	Je	Ve	Sa
1	2	9	5	3	6	8

du: ..... au:.....

J.de.S	
Jour	
Mois	
Année	
Total	

DEVA	

1	2	3	6
Ca	Su Bu	Sk Ke	Gu Ra Sa Ku



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		1	2	3	4	5	6	7	8	9	10	11
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		3	6	9		3	6	9		3	6	9
		6		6		6		6		6		6
Dte →												

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du: ..... *au:*.....

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Total	
DEVA	

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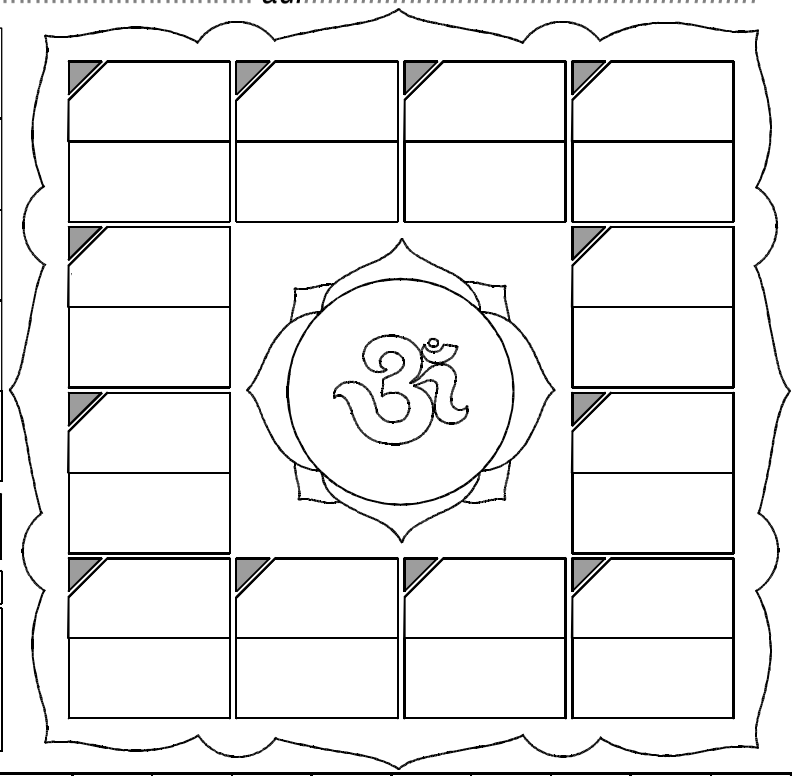

P▷												
		1	2	3	4	5	6	7	8	9	10	11
		2	4	6	8	10		2	4	6	8	10
		3	6	9		3	6	9		3	6	9
		6		6		6		6		6		6
Dte →												

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Total	
DEVA	

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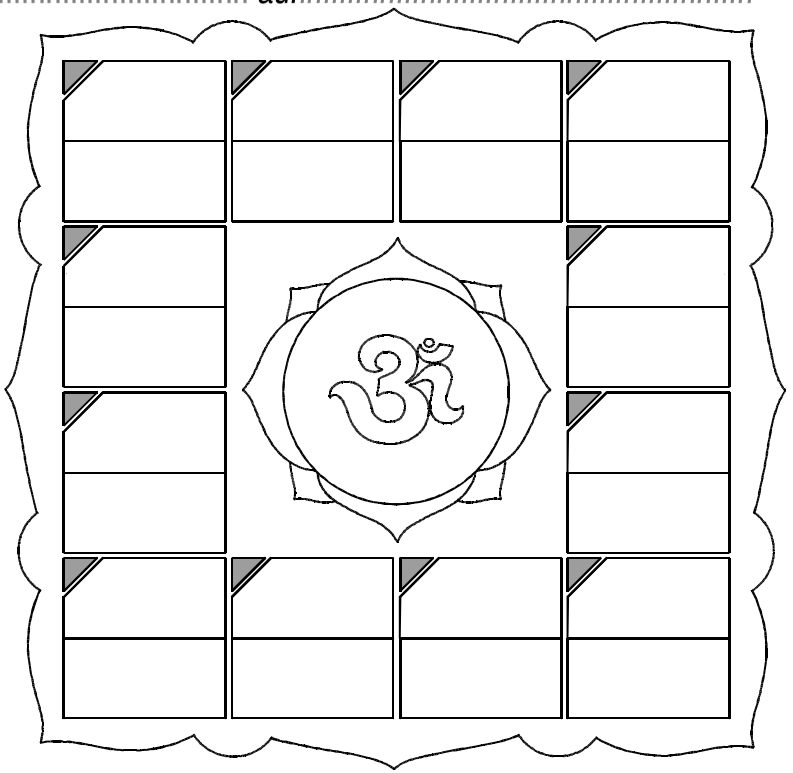
Ca	Su Bu	Sk Ke	Gu Ra Sa Ku



P▷												
		1	2	3	4	5	6	7	8	9	10	11
		2	4	6	8	10		2	4	6	8	10
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		6		6		6		6		6		6
Dte →												